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SUBJECT: SPECIAL REPRESENTATIVE IN BANGKOK - THAILAND'S CONTAINMENT OF AVIAN INFLUENZA

1. Summary: Thailand experienced 22 cases of human H5N1 avian influenza in 2004 and 2005, 14 of which were fatal. It has also reported more than 1000 separate outbreaks of avian influenza in poultry, most of them occurring in 2004. Since November 2005, however, Thailand has not detected a single human or animal H5N1 infection. During his visit to Bangkok on May 2, Special Representative on Avian and Pandemic Influenza Lange heard Thai officials credit high-level political commitment and a highly integrated village network of health and surveillance volunteer workers for the success of their efforts at containing avian influenza. The Thai officials were quick to point out, however, that they remain "vulnerable" and that their goal cannot be to eradicate the virus, but to contain it. End summary.

High-Level Political Commitment

2. In separate meetings with Thai Ministry of Agriculture and Cooperatives Department of Livestock Development (DLD) Deputy Director General Dr. Chaweewan Leowijuk and with Ministry of Public Health (MOPH) Vice-Minister Dr. Wachara Phanchet, Ambassador Lange inquired what they attribute to the absence of reported avian influenza outbreaks in Thailand over the past several months. The Vice-Minister and Deputy Director General both placed "high-level political commitment" at the top of the list. After the first outbreaks occurred in early 2004, they said, Prime Minister Thaksin put the fight against avian influenza at the top of the political agenda. He created a horizontally integrated National Committee on Avian Influenza Response with representatives from 14 ministries chaired by the Deputy Prime Minister that continues to meet once a week to plan, prepare, and promulgate strategies and courses of action to contain avian influenza in the country. The Committee has compiled a "Strategic Plan for Avian Influenza Control," as well as a "Strategic Plan for Pandemic Preparedness," they said.

From National Committee to Village Health Volunteers

3. The MOPH Vice-Minister and DLD Deputy Director General also emphasized that "vertical integration" from the national center to the provinces, district, and community level is also essential to successfully carry out the Committee's strategies and activities on the ground in the countryside. More than 1000 MOPH Surveillance and Rapid Response Teams have been trained in the past year and operate at the district level. They make daily reports of their surveillance findings. Separate DLD teams would be the first on the scene to implement culling and other control measures if an outbreak is detected.

4. In addition, Vice-Minister Wachara said that between 800,000 and 900,000 "village health volunteers" perform daily visits to local households throughout Thailand. They not only look for sick or dead birds and severe respiratory illness in humans, but distribute news and information on avian influenza and other health issues. MOPH Vice-Minister Wachara said that the system of village health workers in Thailand has developed over a 30-year history, long before the threat of avian influenza emerged. They have been involved over the years in campaigns, he said, to correct cleft palates, to battle dengue fever, and to fight HIV/AIDS, and will continue to be useful even if the H5N1 virus one day disappears. He said the key to the success of Thailand's village health volunteer program is that volunteers are recruited from their own locality and not sent in from the outside. He said it might be difficult for other countries to duplicate such a system, and certainly not within a short timeframe. He added that the village health volunteers gain prestige and receive recognition (March 20 is Village Health Worker Day in Thailand), but receive no remuneration for their services.

Culling, Sampling, and Testing

15. In response to Ambassador Lange's questions about poultry culling as an avian influenza control measure and about sampling of birds as possible carriers of the virus, Deputy Director General Chaweewan said that during the first round of outbreaks in poultry in early 2004, which she described as "very devastating," the DLD culled all birds within a 5-kilometer radius of an affected farm or household. During the next two rounds of poultry outbreaks (September-October 2004 and September-November 2005) the DLD cull only those birds in an infected flock. In addition, the DLD disinfects affected areas, collects samples for testing from birds within a one-kilometer radius and restricts the movement of birds within a 10-kilometer radius of an affected farm or household. She said that current policy is to compensate farmers 75 percent of the market price per culled bird - sufficient, she said, to secure farmers' cooperation in reporting outbreaks.

16. Deputy Director Chaweewan said the DLD performs "X-ray surveillance operations" in February and July, in which surveillance teams perform close inspections of poultry-raising farms and households. During this past February the DLD collected 60,000 samples for testing in addition to more than 200 samples collected in wet markets during Chinese New Year - all of them, she said, tested negative for H5N1. In response to a question, Dr. Chaweewan said the samples collected are swabs for PCR testing (which detects viral nucleic acid, indicating the actual presence of the virus). The DLD has not yet implemented sampling of blood specimens for serological antibody-testing (testing for previous exposure to the virus).

17. (Note: Antibody-testing would provide a picture of the general prevalence of the H5N1 virus in various species of poultry and other birds. However, it is much more expensive to perform and requires a biosafety level 3 laboratory to conduct the micro-neutralization test. In addition, when the DLD performs antigen-testing, tests are performed on pooled material from batches of swabs. Although separate testing on each individual sample would provide better scientific data, it would be time- and cost-prohibitive. Post wishes to point out that DLD is not performing scientific research, however, but instead is screening samples as part of public health surveillance. End note.)

Improved Infrastructure

18. Vice-Minister Wachara told Ambassador Lange that Thailand has significantly improved its own human health infrastructure and capacity since the emergence of avian influenza. At the beginning of 2004, Thailand had only one laboratory capable of testing samples for H5N1 virus; now the Thai National Institute of Health has 14 regional medical science centers, all of which are being trained in H5 diagnosis. The Ministry has worked to better prepare hospitals in infection control. Even the smallest district hospital now has at least one isolation room, he asserted. He also said that risk communication, public awareness and education about avian influenza have been a priority.

19. The MOPH Vice-Minister acknowledged shortfalls in pandemic preparedness. Thailand has stockpiled 1.5 million capsules of Tamiflu, enough for 150,000 treatment courses. Vice-Minister Wachara said this would be enough only to contain a single human-to-human outbreak and only if it was detected early enough. He said Thailand would like to begin local production of Tamiflu, but may not have the capacity or resources to do so. He added that MOPH procured API (active pharmaceutical ingredient) from India and is testing it now to see if they can buy in bulk and then package in Thailand. Likewise, Thailand wants to develop a human H5N1 vaccine, but realizes that it would not be able to do so on its own. He said he is proposing to other countries in the region the idea of regional collaboration on producing Tamiflu for a regional stockpile, as well as regional collaboration on human vaccine development.

Regional Activities

10. Both Vice-Minister Wachara and Deputy Director General Chaweewan described activities they are undertaking to combat avian influenza from a regional perspective. Thailand's Northeast Veterinary Research and Diagnostic Centre and National Institute of Animal Health have accepted and performed tests on poultry samples from Laos and Burma. Deputy Director Chaweewan said the DLD sent veterinary laboratory experts to Vietnam in 2004 and on several occasions to Cambodia carry out training and help establish lab procedures for avian influenza testing. The DLD also recently donated laboratory reagents and supplies and sent an animal virologist to Burma for a 2-week TDY to conduct laboratory training.

11. Vice-Minister Wachara listed several training activities the MOPH has conducted, many of them in conjunction with the U.S. CDC and WHO, at which invitees from other countries in the region participated, including training in H5N1-related epidemiology at the Field Epidemiology Training Center, laboratory diagnostics, surveillance and control measures, and risk communication. He expressed special appreciation of the Thailand MOPH-U.S. CDC Collaboration (TUC), and particularly for TUC's International Emerging Infectious Disease Program, in developing Thailand's capacity to contain avian influenza and become a regional center of

H5N1 expertise. He noted that Thailand has a self-interest in building the health capacity of its neighbors. "As long as avian influenza is present in countries around us," he said, "we feel vulnerable."

12. Comment: Thailand has made great progress in developing procedures and strategies to deal with the threat of avian influenza. Not all of Thailand's methods, however, can be adapted to other countries. Nor is there any guarantee, for all of Thailand's preparedness, that it can avoid future H5N1 poultry outbreaks or human infections. But there are lessons that can be learned from Thailand's experience. At the end of his meeting with Ambassador Lange, Deputy Director General Chaweewan summed it up best by declaring, "We cannot control avian influenza, but we can contain it."

BOYCE